

In Partnership
With You!



NSSP Vision and Mission

- **Vision:** National Syndromic Surveillance Program (NSSP) functions through **collaboration** among individuals and organizations at local, state, and federal levels of public health; federal agencies including the U.S. Department of Defense and the U.S. Department of Veterans Affairs; public health partner organizations; and hospitals and health professionals.
- **Mission:** The NSSP **promotes and advances development of a syndromic surveillance system** for the timely exchange of syndromic data.

The New World

- **Improved Data Flow**

- Access to raw messages, processed views, calculated field views, filter views with reasons, exception views with reasons.

- **Platform Improvements**

- SQL Server, newest generation Amazon Web Services (AWS) servers, separation of transactional data from data analysis, separation of processing, new analysis tools distributed across more servers, ESSENCE with national and regional pictures, R-Studio Professional, latest version of R language, and Access and Management Center (AMC).
- ESSENCE performance enhancements.

- **Data Quality**

- Dedicated team evaluating basic quality metrics.
- Prototyped comprehensive reports.



Community and CDC Structure/Landscape

- CDC provides extensive support to the Community of Practice (CoP).
 - Creation of Steering Committee (includes workgroups with discrete objectives, timelines, and deliverables)
- BioSense Governance Group (BGG) will focus on technical development of the BioSense Platform and integrate CoP feedback.
- CDC's focus is broad:
 - CoP
 - Platform development (and innovation)
 - Data quality
 - Onboarding
 - Training
 - Grantees (capacity building)
 - New data sources
 - Surveillance (support for both local and national)

Next Steps

- Often asked, *“What does CDC want?”*
 - Our response, *“Move science and practice forward.”*
- Requires extending the work of the past
 - 2011 Recommendation
 - Local Practice Guides
- Not one size fits all
 - Curiosity is key
 - Integration with surveillance is the point

Questions for All of Us to Answer

- How do the grantees and the broader community organize to support the work that needs to be done to move practice forward?
- How much of this work can realistically be achieved in 2017?
- With the structure/landscape that is in place, should we focus on the following?
 - Onboarding
 - Syndrome definitions
 - Data quality
 - Response
 - Innovation

Onboarding

- System users at new sites often ask basic onboarding questions. Can we agree upon best practices for the following topics?
 - Approaching a hospital
 - Getting stakeholder buy-in
 - Getting data to flow and how to evaluate for quality
 - Negotiating quality improvements before production
 - Maintaining quality after onboarding
 - Integrating new syndromic surveillance feeds and practices into surveillance

Syndrome Definitions

- How do we define high-quality definitions while considering the following?
 - Each health department must know its needs, know its data, and observe changes over time.
 - Should sites monitor a common set of syndromes?
 - Does a library of syndromes exist that everyone can use?
 - How do we use the CC query validation capability to help improve syndrome categories?
 - How do we jointly create new “hot” syndromes?
 - Once syndromes are built, how should they be tested, vetted, and regularly evaluated?
 - How do we do the above while remembering one size may not fit all and local circumstances can often drive differences?

Data Quality

- Can we determine a quality minimum?
 - Improved messaging guide
 - What are the data quality requirements for using data or syndrome definitions?
 - How do we ensure proper interpretation (e.g., recent Rubino et. al. discussions from ISDS conference)?
 - What is required to share data and information?
 - What protocols will achieve the best results?

Response

- Can we define common response protocol?
 - Can this be described as a menu for others to pull from since one size won't fit all?
 - Maybe we break this up by type. For example:
 - Communications after data discovery
 - Follow-up with facilities
 - Full-blown investigation triggers

Innovation

- How do we improve our nation's capacity AND continue to innovate?
 - What are the innovative ways users can/should be using all of the tools in the BioSense platform?
 - How do we validate these uses and share as a best practice?
 - How do we best integrate with surveillance?
 - How else can/should we innovate?

Over the Next Few Days, Please Consider . . .

- CDC wants to strengthen its relationships with health departments:
 - Provide targeted support
 - Build capacity
 - Act as a resource

CDC has provided field support during the past few months. Support can be increased and supplemented through community-based mentorship.

- How much support can realistically be provided in 2017?
- Do the previous slides focus on what's most important to YOU?
 - What does the community want to focus on?
 - What's missing?
- How do we organize to support the Steering Committee and community structure?



For more information, contact CDC
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

